

“Something for the weekend”

Ben Darebefore

No, no, no, no, no, no, no. NO.

Been there, done that, haven't got the t-shirt because I don't need any reminders of what it was like before I did what I tell my 'heartsink' patients to do, and got a life. So no, I'm not going to extend my hours.

I'm old enough to remember (and young enough such that I can remember, for that matter) what it was like to do my own on-call, and to offer Saturday morning emergency clinics in the naive belief that this would give me a better chance of having some time for myself on the weekend. Of course, this never really happened. Even my idea of putting "Resus Annie" in the waiting room to teach patients what a real emergency was sadly backfired. The sods would pop their head round the door on Saturday morning, see that there was at least one other patient in the waiting room, and toddle on home, stopping only to put the kettle on before phoning for a home visit. Those with mobile phones would call for the same on their way home, the background sounds of "Do you want fries with that?" giving the game away somewhat and causing me to conjure up ideas of what I'd like to do to them that would have made the crimes on *Crime Scene Investigation* look like a *CBeebies* day out. Those who did stay and wait invariably were using the Saturday morning emergency clinic for convenience as our practice was on their route home from a couple of large superstores where 'urgent' problems had arisen as a consequence of long checkout queues causing emotional strain, or trying to carry too many purchases causing physical strains. Then of course there were the requests for emergency contraception needed for the following day because "It's Saturday night, doctor, and I'm going to get hammered, aren't I? So I'm gonna need it tomorrow, you understand me? And you don't want me to call you out on a Sunday, now do you?" Fair point – except they always did call for a visit the following day, hung over and having thrown up the emergency contraception.

Of course in those days it was all about lessening the burden on A+E departments around the country. At least, that was the message meant to tug on the public's heartstrings. "You don't want to be responsible for someone not getting the urgent treatment they need, do you?" This of course didn't work because patients are selfish. Why else would they be demanding extended hours? I gave up trying to explain what a real emergency was; it was quicker just to write a prescription and get them out the door.

Nowadays it's all about choice and convenience. Extended hours are not for health reasons. After all, those who can't come during usual hours because they work can make use of their private health plans and occupational schemes, and those who don't work can rearrange their getting together with friends or use their Sky+ Box to record the big fight, as far as I'm concerned.

And while we're talking about it being convenient, just who is it convenient for? Not me, that's for sure, since I'll end up spending even less time with my family and friends. For the public it may certainly be convenient;

well, for those that work anyway. But it won't offer them best practice – Friday afternoon antibiotic prescription rates confirm this. And for the Government, of course it'll be convenient, because not only does pandering to the public whim gain votes, but also if the punters are sitting in doctors' surgeries then they won't be sitting in MPs' surgeries, will they? So it's OK for the MPs with their large expense accounts, non-executive directorships and questionable morals to have weekends to do with as they please, but not me.

And what about extended hours during the day? We know the longer a person works the greater the risk of mistakes. Let's face it, I find putting on the golf course difficult at the best of times. How on earth am I going to accurately fit an IUD after teatime?

Has no one thought this through, because it's not only us GPs who should be considered. As we're told time and time again, general practice is more than just the doctor. Yes, and I know my nurses, staff and the others can't wait to start earlier, go home later, and spend Saturday morning hearing about someone's hangover when they'd rather be at home dealing with their own.

I'm not going to apologise for one of the key features – if not the key feature – that got GPs to sign up to the new GP contract, namely an end to 24-hour responsibility. In my view it has kept GPs working in the NHS, and unilaterally imposing extended opening hours will have the opposite effect. In our practice, yes, we'll be giving our patients the choice and convenience of being seen earlier in the morning, later in the evening and on weekends, but not by a doctor, or nurse for that matter, because we won't be there. Patients will be more than welcome to sit in our waiting room using the NHS Direct Interactive service on the TV that I'm having installed.

So there you are. Lots more choice for patients, and convenient for all. Except for emergency services, that is, because ironically this will complete the audit cycle as NHS Direct Interactive will inevitably advise these patients to attend A+E, and in doing so defeat the original object of extended hours, namely to lessen the load on emergency services. Now, let's go and think up an amusing chant ready for the National GP day out at Westminster. What rhymes with hours? Ah yes, "arse".



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